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58505 7590 12/15/2006

LAW OFFICE OF MARK J. SPOLYAR  
2200 CESAR CHAVEZ STREET  
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SAN FRANCISCO, CA 94124

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,016	12/04/2001	Kenneth Martin Levin	6535/53651	2264

TITLE OF INVENTION: ADHESIVE BANDAGE INDICATING WOUND CARE INSTRUCTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	03/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, KIM M	3772	602-058000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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*Mark J. Spolyar*

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Kenneth Martin Levin*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Novato, California*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee

A check is enclosed.

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(3).

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Authorized Signature

*Mark J. Spolyar*

Date *28 February 2007*

Typed or printed name

*Mark J. Spolyar*

Registration No. *49,164*

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